



A Monthly Update from the Office of Vermont Health Access

OVHA Pharmacy Bulletin

Keeping our Pharmacies Current with Policy Changes and Alerts

<http://ovha.vermont.gov/provider-services/provider-services>

Volume 6

June 2007

To submit questions or suggest topics send an email to: OVHA-PH@ahs.state.vt.us

CLAIMS PROCESSING UPDATES

- **Prescriber ID**

- At this time, only prescribers' **VT Medicaid IDs** are being accepted.
- Notification will be sent to inform you when prescriber NPIs will be accepted on claims processed for VT Medicaid beneficiaries. The date for this is yet to be determined.

- **Claims Being Processed With Incorrect Prescriber**

- A significant number of claims are being processed with the incorrect prescriber ID number or the incorrect prescriber name. This may occur in two situations as outlined below:
 - While the prescriber may appear correctly on the prescription label, the unique VT Medicaid ID number being transmitted for the prescriber may be incorrect.
 - Two physicians with the same or similar names may be in your database and the wrong prescriber may be chosen (e.g. Dr. John Smith instead of Dr. Joseph Smith)

This is important because the Drug Utilization Review Board routinely reviews drug therapy by examining patterns in prescribing, dispensing, and consumption of medications in addition to sending alerts about **drug recalls**. Prescribers may be sent patient specific mailings as part of this process. A number of mailings have been returned with the comment "this is not my patient".

- Please take this opportunity to verify that you are submitting the correct prescriber ID.
- Claims found to be processed using the incorrect prescriber will be sent to the Program Integrity team for review and be subject to payment being recouped.

- **Reminder Of Member Services Assistance**

- If a beneficiary is having a problem getting a prescription filled that cannot be resolved by the Clinical Call Center, the **Vermont Health Access Member Services Unit (Maximus)** may be able to help. Maximus is available to assist beneficiaries and/or pharmacies with eligibility and/or drug plan coverage questions. Maximus is available Monday through Friday 8:00 AM – 4:30 PM (excluding holidays) at **1-800-250-8427**.



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- **Medicare/Medicaid Eligibles Without A PDP**

- If MedMetrics messaging indicates you should bill a PDP first, yet there is no PDP identified by E1 or the beneficiary, you may be able to bill **Wellpoint**. This will apply to full-benefit dual eligibles and some VPharm members who do not have a PDP.
- This will trigger an auto-enrollment into a PDP as well as allow the claim to process.
- Wellpoint allows dispensing of a maximum 31 days supply of medication.
- To speak to a representative at Wellpoint, please call 1-800-662-0210 (Press "0" twice).
- **Wellpoint Billing Information: Bin: 610575 PCN: CMSDUAL01 ID #: member SSN #**

- **Multi-Ingredient Compound Claim Submission**

- **As of July 1, 2007** changes to the process of multi-ingredient compound claim submission will be implemented. Outlined below are some of the key changes as well as some of the requirements that are already in place. **Additional instructions will be forthcoming**, however, the information contained in this newsletter will help you prepare for these changes. An updated Compound Payer Sheet is attached so that you can work with your software vendor to ensure that the NCPDP fields required for submission are available in your system.
- In order for an ingredient to be considered for payment, the manufacturer or supplier of the individual ingredients **must participate in the Federal Rebate program**. Listed below is a partial list of compound ingredient manufacturers/suppliers and whether they participate in the Federal Rebate program (Please Note: This list is not all inclusive).

Participating Manufacturer & Labeler

Gallipot 51552
Mallinckrodt 00406
Paddock 00574

Non-Participating Manufacturer & Labeler

Hawkins 63370
Medisca 38779
PCCA 51927
Spectrum 49452

- All compounds must contain **more than 1 ingredient**.
- **Compound indicator must be "2"** (indicating a multi-ingredient compound).
- **NDC field in claim segment** (not individual ingredients) must contain **11 zeros**.
- Compounding fee (in addition to the \$4.75/\$3.65 dispensing fee) will be provided based on the level of effort (dosage form) of the product compounded. Details on this level of effort will be provided in the next communication.

Vermont Medicaid Consolidated Payer Sheet for VT Pharmacy Use

Special Notice for Compounding – 06/01/07

Bin #: 610593

PCN: VTD (for Part D Wrap claims) or VTM (for Traditional OVHA claims)

States: Vermont

Accepting: Claim Adjudication, Reversals

Format: NCPDP Version 5.1

1. Segment And Field Requirements By Transaction Type

BILLING (B1), REVERSAL (B2), and REBILLING (B3) TRANSACTION DATA ELEMENTS

(M = Mandatory, S = Situational, R = Repeat Field)

Transaction Header Segment - Mandatory			Segment is Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	COMMENTS/VALUES
101-A1	BIN NUMBER	M	610593
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	123
104-A4	PROCESSOR CONTROL NUMBER	M	VTM or VTD (Members with Medicare Part D use VTD)
109-A9	TRANSACTION COUNT	M	Up to 4 allowed
202-B2	SERVICE PROVIDER ID QUALIFIER	M	Use 01 - National Provider (NPI) ID
201-B1	SERVICE PROVIDER ID	M	NPI ID
401-D1	DATE OF SERVICE	M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements.
Claim Segment – Mandatory			Segment is Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	M	07
407-D7	PRODUCT/SERVICE ID	M	NDC, for OVHA compound claims submit 11 zeros in this field and completed field 489-TE
406-D6	COMPOUND CODE	M	Required for B1 & B3 claims. '2' if product is a compound.
420-DK	SUBMISSION CLARIFICATION CODE	S	As needed to override a Reject (3 for Vacation Supply)
Compound Segment – Situational			Not Required.
NCPDP Field	Field Name	Mandatory Situational Repeating	
111-AM	SEGMENT IDENTIFICATION	SR	10– transmit only if the segment is transmitted.
489-TE	COMPOUND PRODUCT ID	SR	NDC of ingredient
448-ED	COMPOUND INGREDIENT QUANTITY	SR	Quantity of ingredient used in compound
449-EE	COMPOUND INGREDIENT DRUG COST	SR	Cost of each NDC dispensed
DUR/PPS Segment -- Situational			Segment is Not Required. Use encouraged if applicable. Not required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	S	08 – transmit ONLY if the segment is transmitted.
474-8E	DUR/PPS LEVEL OF EFFORT	SR	Required if segment used.

Technical assistance, pharmacy help desk: (866) 715-0876